

DOVER WOMEN'S HEALTH, P.A.
700 Central Ave.
Dover, NH 03820
(603) 742-2424
Fax (603) 740-4650

INTRAUTERINE DEVICE (IUD) COVERAGE VERIFICATION

Patient Name: _____ Date of Birth: _____

Insurance Plan Name: _____ Subscriber ID# _____

Due to a wide discrepancy on how coverage is provided for the IUD under health insurance plans, we ask that you contact your health insurance plan to determine what amount they will pay for **both** the **IUD**, and the **IUD insertion**. For some plans, the **IUD** is covered under the medical plan, while for others it is a pharmacy benefit.

Your insurance plan may need the "Billing" codes listed below in order to provide you with the benefit information:

<u>BILLING/CPT CODE</u>	<u>PRICE</u>
58300 – IUD Insertion	\$250.00
J7302 – Mirena IUD	\$937.00
J7300 – Paragard IUD	\$718.00

Please ask the insurance representative the following questions:

1. Are both the IUD & IUD insertion covered under my policy? YES _____ NO** _____
****IF BENEFITS ARE NOT AVAILABLE, PAYMENT IN FULL IS EXPECTED AT THE TIME THE SERVICE IS RENDERED.**
2. If yes, is the IUD covered under my *medical* or *pharmacy* plan? _____
(If covered under Pharmacy plan, please contact us directly before ordering the IUD)
3. What is the benefit coverage for the **IUD Insertion (Billing code 58300)**?
Deductible Amount: _____ Has my deductible been met?: _____
Coinsurance/Copay Amount: _____
4. What is the benefit coverage for the **IUD device (J7302 Mirena OR J7300 Paragard)**:
Deductible Amount: _____ Has my deductible been met?: _____
Coinsurance/Copay Amount: _____
5. Representative's name: _____ Reference # _____
Date of Call: _____

Once you have obtained your benefits, please contact our office. If possible, please fax or send us a completed copy of this form. Once your lab results have been received and we have been able to confirm your benefits, an appointment for your IUD insertion can be made. We appreciate your patience with this process, which may take up to two weeks.

Any patient out-of pocket expenses will be required at the time of service.

**INSURANCE COMPANIES SOMETIMES MISQUOTE BENEFIT INFORMATION.
DOVER WOMEN'S HEALTH, P.A. IS NOT RESPONSIBLE FOR MISQUOTED BENEFITS, AND
PAYMENT FOR THIS ELECTIVE SERVICE IS THE PATIENT'S RESPONSIBILITY.**

WE SUGGEST YOU KEEP THIS FORM UNTIL INSURANCE PAYMENT HAS BEEN RECEIVED